ГО:	Rhonda Dauphin Johnson (Name of Filing Officer)  Atlanta Municipal Clerk / Election Superintendent (Title of Office)  Fulton County (County)  AFFIDAVIT TO QUALIFY IN FORMA PAUPERIS				
	I,	, gn oath do hereby ed by law.	affirm m	y poverty and my resulting	
inabilit	ty to pay the qualifying fee require	ed by law.			
	I further swear or affirm that I have neither the assets nor the income to pay the qualifying fee required by law				
		e responses which I have made to the qualifying fee required by law are true		ns and instructions below	
I.	ASSETS				
		nave any interest whether by legal or ed ling assets held by others on your be ed.			
				Present Value of Your Interest	
Checking (name of Bank)			\$		
Savings (name of Bank)					
Stock	s and Bonds				
Notes	and Accounts Receivable				
Reall	<u>Estate</u>				
	lence (location)				
	(location)				
Insur	(location) ance Cash Value				
		\$ \$ \$			
(Nam	ance Cash Value	\$			
(Nam	ance Cash Value e of Company and Cash Value)	\$			
(Nam	ance Cash Value e of Company and Cash Value) Cash Value	\$			
(Nam	ance Cash Value e of Company and Cash Value)  Cash Value  mobiles	\$			
(Nam Total Autor (Make	ance Cash Value e of Company and Cash Value)  Cash Value  mobiles	\$			

A. List average monthly amount for	all items below:					
	Name and address of employer, business, or source of Income	Monthly Average				
SOURCE OF INCOME						
Salary. Wages. Tips		\$				
Income from Self-Employment						
Rents Received						
Interest Received						
Dividende Deseived						
<u>Dividends Received</u>						
Other Income						
TOTAL AVERAGE MONTHLY INCOME (Total Off all items in II(A), above) \$						
B. Ust average monthly amount for a	all items below:					
Liabilities	Name and address of Creditors	Monthly Average				
Home Mortgage		\$				
Automobile Loans						
Personal Loans						
Consumer Credit						
<u>containor ortain</u>						
Credit Cards						
Other liabilities						
TOTAL AVERAGE MONTHLY LIABII	LITIES (Total of all items in II(B), above	) <b>\$</b>				
		Φ.				
TOTAL TVERVICE MONTHER DIGITAL	SOMBLE IN COMIC (III/I) II(S))	Ψ				
III. DEPENDENTS						
List the names and relationship of all person(s) dependent upon you for financial support.						
		Re!ationship				
WARNING: Any person knowingl swearing and shall b	y making any false statement on this a e guilty of a felony.	ffidavit commits the offense of false				
		Applicant				
Sworn to and subscribed before me	this					
day of	,20					
Notary Public						

II.

INCOME

My Commission Expires: